

**University of Massachusetts/Amherst
Department of Athletics
Campus Recreation & Sport Clubs**

SPORT CLUB OFFICERS' LIST

CLUB INFORMATION:

NAME: _____

ADDRESS: _____ PHONE: _____

E-MAIL: _____ WEB SITE: _____

SPONSOR/FACULTY ADVISOR:

NAME: _____

ADDRESS: _____ PHONE: _____

E-MAIL: _____ WEB SITE: _____

DATE ELECTED: _____ TERM OF OFFICE: _____

PRESIDENT: _____ VICE-PRESIDENT: _____

NAME: _____

ADDRESS _____

PHONE _____

E-MAIL _____

HEALTH & SAFETY: _____ OTHER (SPECIFY): _____

NAME: _____

ADDRESS _____

PHONE _____

E-MAIL _____

CLUB MEMBERSHIP:

NUMBER OF MEMBERS: _____

FREQUENCY OF MEETINGS: _____

MEETING HELD?: _____

SUBMIT THIS COMPLETED FORM TO THE DIRECTOR OF CAMPUS RECREATION & SPORT CLUBS. A NEW FORM SHOULD BE SUBMITTED ANNUALLY AND WHENEVER ANY CHANGES OCCUR.